

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/600,640
APPLICANT(S)

10-12-04

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2	0	0	0	0	0
TOTAL DEP.	1	0	0	0	0	0
TOTAL CLAIMS	3	0	0	0	0	0

NO.	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	0	0	0	0	0	0	0	0
TOTAL DEP.	0	0	0	0	0	0	0	0
TOTAL CLAIMS	0	0	0	0	0	0	0	0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS